


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000078710 1. Entity Name LAYAM BROTHERS, CORP.	
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Principal Place of Business 8235 NW 164TH ST MIAMI, FL 33016	Mailing Address 8235 NW 164TH ST MIAMI, FL 33016
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DO NOT WRITE IN THIS SPACE



03242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1033506	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROZENCWAIG, NADEL & FERRERO-CARR, LLP 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

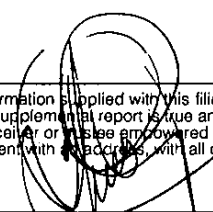
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000685207 04/06/07-80063-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, FERNANDO 8235 NW 164TH ST MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUAREZ, MAIDA 8235 NW 164TH ST MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SUAREZ, YAMELIS 8235 NW 164TH ST MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:  **3/29/07** **(305) 884-2255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **FERNANDO SUAREZ** **PRESIDENT** Date Daytime Phone #